



*Stuttgart Claims Office DSN 421-4597; Com. 0711-729-4597*  
(Army)

**435TH AIR BASE WING**  
**Office of the Staff Judge Advocate**  
**CLAIMS DIVISION**  
(Mail-In Claims)



**YOU HAVE 2 YEARS FROM THE DATE OF DELIVERY TO FILE YOUR CLAIM.**

Any loss or damage occurring during a move can be disruptive and financially burdensome. The purpose of this handbook is to make filing a claim for loss or damage as painless as possible. There are three points to be made:

1. You must give the carrier notice of all loss or damage within **70 days** of the delivery of your goods. The DD Form 1840/1840R (the pink form) is used for this purpose. If you discover any damage not noted at the time of delivery, annotate it on the reverse side (1840R), and bring that form to the Claims Office within 70 days from the date of delivery (DSN 480-7011, Commercial 06371-47-7011).
2. Once you have completed the forms and gathered the required documents listed on the enclosed checklist, you are ready to file your claim. Please fax these documents to our office (DSN 480-2793 or commercial 06371-47-2793) for us to review. After we have reviewed the fax, mail the originals to our office. Our address is **435 ABW/JA UNIT 3200 BOX 325 APO AE 09094-0325**. If mailing through the local post, use **435 ABW/JAD Geb.2137 D66877 Ramstein Flugplatz Germany**. If you have more than 5 line items, or are submitting two separate claims, please call our office at DSN 480-7011 or commercial 06371-47-7011. **If you are within 30 days of the 2-year mark from date of delivery, please turn your claim in at the nearest claims office and have that office contact us.**

**WHAT YOU NEED TO FILE YOUR HOUSEHOLD GOODS CLAIM:**

Completed DD FORM 1842 (HHG & POV). Make sure you complete blocks 1-18. (Note: Use a separate form for each claim.)

Completed DD Form 1844 (HHG & POV). Make sure you complete blocks 10 11a or 11b. (Note: Use a separate form for each claim.)

Letter of Authorization for SPOUSE to file (Power of Attorney for all others)

Copy of your ORDERS and any AMENDMENTS

GOVERNMENT BILL OF LADING (GBL), contact your local Traffic Management Office (TMO) to obtain a copy (HHG Only)

All pages of the origin INVENTORY (We need the copy you received from the carriers, not a copy)

DD FORM 619-1 (If available)

DD FORM 1840/1840R (HHG Only)

Vehicle Registration (POV Only)

DD Form 788 (POV Only)

ESTIMATES OF REPAIR (HHG & POV) (Have this unofficially translated to speed up processing time. Do not get a "Gutachen" or Engineer's Report as a repair estimate for your vehicle. These are not reimbursable)  
**DO NOT REPAIR THESE ITEMS, until your claim has been settled**

ELECTRONIC REPAIR FORM(S) and a memo stating the working condition of your item(s) prior to pickup.

REPLACEMENT COST SUBSTANTIATION for ALL items (HHG & POV) (Similar items from BX catalog, Internet price with the website address somewhere on the page, or statement from a store, etc)

Copies of INSURANCE DOCUMENTATION, if applicable, or completed Insurance waiver (included in this packet)

DIRECT DEPOSIT FORM (SF 1199) for electronic filing

PHOTOS (if available, digital preferred)

## NOTES

1. **DO NOT REPAIR YOUR ITEMS.** The Ramstein Claims Office performs inspections of damaged goods on a case-by-case basis. The carrier also has the right to send a representative to inspect your damaged items. If a carrier representative contacts you, please coordinate a time for them to do so, if this is not possible contact our office immediately for guidance. Providing photographs of the damaged items helps alleviate questions and may expedite payment on your claim. The cost of film and processing are generally reimbursable expenses with a paid receipt. You may also email the photos to [435abw.jad@ramstein.af.mil](mailto:435abw.jad@ramstein.af.mil)
2. Please **DO NOT DISPOSE OF YOUR ITEMS** until you have settled your claim. If there is a safety hazard such as broken glass or mildewed items, please contact our office at DSN 480-7011 to see if we need to do an inspection before you throw anything away.
3. Estimate fees are only reimbursable if the fee **WILL NOT** be applied to the cost when the repairs are made. Please include your receipt.
4. There are two types of transportation fees. The first is travel per diem, this is for costs the firm incurs (gas, mileage, etc..) for repairing items in your home. The second type is for items that need to be transported from and to your home. Once you have paid the transportation fee, you may turn in your receipt to our office for further processing. **As a reminder, do not repair any of your items until you have settled your claim.**
5. If the amount claimed is in Euro, we will convert the Euro amount into dollars using the Euro rate of the day the claim was receipted for. If you submit a PAID receipt in Euro, we will convert those amounts using the rate for the day the bill was paid. **If your claim has both Euro and Dollar amounts, please fill out a permission letter for our office to convert and change the amounts.**
6. As a military member you are entitled to a Value Added Tax (VAT) form. By using the VAT form (usually \$3.00), you are able to deduct the amount paid for German taxes on items and services. You may claim the cost of the VAT forms on your DD Form 1844.

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## ***INSPECTION AND SALVAGE***

1. **Keep all damaged items until 60 days after your claim is settled.** The carrier and the claims office have the right to inspect your household goods for shipment damage. Also, if you are paid the actual value of any item, it belongs to the carrier or the Air Force and therefore, they may salvage the property.
2. **If you do not keep an item for inspection, you may not be paid for it.** There may be a partial or a full deduction of the value of the item from the payment due to you.
3. **Also, if an item is repaired before inspection,** and there is no way to verify whether the damage was shipment-related, you may not be paid for the item.
4. **Yes, there are exceptions** that allow you to dispose of items without inspection, such as those that would pose a safety or health hazard (a moldy mattress or broken glass) or repair essential items that otherwise could not be used (a refrigerator). Notify the claims office by calling DSN 480-7011 prior to disposal of items so the claims personnel can do a memo for record (MFR) on any permission given to you to dispose or repair your items without inspection.
5. **The carrier has the right to inspect** within 60 days after delivery of the household goods or dispatch of the DD Form 1840R (pink form), whichever is later. The carrier can contact you directly and you must cooperate. The Air Force may not be able to collect from the carrier if you do not allow an inspection. Contact the claims office if problems arise.
6. **The carrier can use a repair firm to do its inspection.** The carrier's repair estimate may be used to adjudicate your claim, but only if the claims office determines that it is a reasonable, valid estimate from a responsible firm near you.
7. **Salvage.** If you are paid the actual value (depreciated replacement cost) of an item, it now belongs to either the Air Force or the carrier. **However, if you want to keep the item instead of turning it in, you should let the claims office know when you file your claim.** In that case, a salvage deduction may be taken from your payment, allowing you to keep the item. The amount of any salvage value deduction will depend on the type of item and its condition.
8. **Carrier salvage.** If you do not want the item, and the carrier pays the Air Force for it, the carrier has salvage rights. The carrier must pick up the item at your residence or other mutually agreeable location within 45 days after your claim is paid by the Air Force. Again, you must cooperate with the carrier, or you may have to return the payment you received. If the carrier does not pick the item up in the time allowed, you may dispose of it, as you wish.
9. **Air Force salvage.** If you do not want the item and the carrier has not paid for it, it belongs to the Air Force. If it has a salvage value, then the item must be turned in. You may either drop these items at the Claims Office or transport these items yourself to the salvage location.

**Note:** Please be advised that whenever you have damage to electronic items, such as computers, stereos, television, microwave ovens, etc., you'll need to provide a sworn affidavit specifically stating the condition of this item prior to shipment and its condition after delivery.



## ***REPAIR ESTIMATES***

1. **Estimate fees.** DO NOT REPAIR YOUR ITEMS. Most companies will charge an estimate fee to look at your items. If the estimate fee is not included in the total cost of repairs, or is not deductible when the work is accomplished, then you may claim the fee as a separate line item on your claim.

2. **When is an estimate necessary?** (1) Generally, for all damaged furniture including upholstered items. (2) Anytime you claim internal damage to an electrical, electronic, or mechanical item. An exception might be made if there is significant external damage to this kind of item and it is small enough to bring to the claims office for inspection or it is observed at your home during a claims inspection. (3) When there are questions as to whether the item is damaged beyond repair. (4) Anytime the claims examiner needs an estimate to properly assess the value, nature and extent of damage, or cause of damage.

3. **What needs to be on the estimate?** The estimate should be detailed as to the type of damage being claimed and its location on the item. It should cover only the new damage listed on the DD Form 1840/1840R. Guidance for specific items is:

- Upholstered furniture. The estimate should list separate costs for material, labor, tax, and pickup and delivery charges.

- Items made of wood or wood products. The estimate should describe the type of wood the item is made of, how/what and/or where the damaged areas are located on the item, and the repairs necessary to restore the item to its pre-move condition.

- Electronic items. *When there is possible internal damage to these types of items, you must submit a repair estimate sufficiently detailed to show the claims office that the item was damaged in shipment.* The sensitive electronic components in these items can fail for many different reasons including age, normal wear and tear, handling and use by the owner before and after shipment, temperature and climate fluctuations before and after shipment, and deterioration or poor quality of circuit boards and other parts. Because of these other possible causes, the mere fact that an electronic item worked before a move and did not work afterwards is often not sufficient to establish that it was damaged in shipment. Ordinarily, we need at least an opinion from a qualified repair person stating that the damage was caused by shipment, and specifying how and why.

- To assist you with obtaining a useful estimate of repair for electrical and electronic items, the claims office has a form, which shows the repair firm what information the claims office needs. A copy of the form is included in this package.

**NOTE:** In addition, if the repair cost(s) is/are nearing the original cost of the item, you'll also need to provide substantiation for the current replacement cost of the item(s). If the item cannot be repaired, that fact **MUST** be stated on the repair estimate.

## ***DEPRECIATION***

1. **There are many misconceptions about depreciation.** Many claimants think that depreciation is unfair and that they should be paid replacement cost instead. Let's take a closer look.
2. **Under the claims statute you are paid the actual value of an item at the time of its loss.** Certainly it would not make much sense for the Air Force to pay you more than an item was worth when it was lost or destroyed beyond repair. That would put you in a better position than you were in before the incident. For example, if you owned a ten year old TV, you would not expect the Air Force to pay you for a brand new TV. Although your TV may have been working, it was still a used TV. The Air Force is only permitted to pay you for the actual value of your used item. You can then use the money to buy a similar used item, or, you can apply the money toward the cost of a newer item if you choose.
3. **How is actual value determined?** The actual value of an item is the current replacement cost minus depreciation, if any. Current replacement cost takes inflation and local unavailability into account. If the item costs more now than when you bought it, or is not available in the local area, you must provide the current replacement price of the item where it can be found. Only then is depreciation computed.
4. **How is depreciation determined?** The military services have developed a joint "Depreciation Guide" which lists standard depreciation rates for virtually all categories of personal property.
5. **Not all items are depreciated.** Items which do not decrease in value over time are not depreciated. For example, antiques certified to be over 100 years old do not depreciate. Expensive solid wood furniture such as that made of oak or walnut does not depreciate. Fine china does not depreciate.
6. **As you can see, depreciation is not really unfair.** The reality is that "actual value" is a fair measure of what a claimant should be paid. And the "actual value" rule in effect does pay you "replacement cost" - it's just that you have to realize that means the replacement cost of a used item.

## ***MAXIMUM ALLOWABLES***

Under normal circumstances you cannot be paid more than \$40,000.00 per claim. If the value of your household goods is greater than \$40,000.00 you should obtain insurance to guard against a total loss. By federal law, the Air Force may not normally pay more than \$40,000.00 on any claim.

Other maximum amounts: Furniture-\$3,000.00 per item; jewelry-\$1,000.00 per item up to \$4,000.00 per claim; and computer items including software and accessory equipment such as a printer, etc.-\$4,000.00 per claim.

## HELPFUL WEB SITES

<http://www.finditnet.com/>

[www.aafes.com](http://www.aafes.com)

[www.sears.com](http://www.sears.com)

[www.kmart.com](http://www.kmart.com)

[www.walmart.com](http://www.walmart.com)

[www.jcpenny.com](http://www.jcpenny.com)

[www.spiegel.com](http://www.spiegel.com)

[www.discontinuedchina.com](http://www.discontinuedchina.com)

[www.replacementsltd.com](http://www.replacementsltd.com)

[www.llbean.com](http://www.llbean.com)

[www.eddiebauer.com](http://www.eddiebauer.com)

[www.coat.com](http://www.coat.com)

[www.goodguys.com](http://www.goodguys.com)

[www.electronicx.com](http://www.electronicx.com)

[www.planet3000.com](http://www.planet3000.com)

[www.bestbuy.com](http://www.bestbuy.com)

[www.slumberland.com](http://www.slumberland.com)

[www.officedepot.com](http://www.officedepot.com)

[www.officecopier.com](http://www.officecopier.com)

[www.swarovski.com](http://www.swarovski.com)

[www.mihummel.com](http://www.mihummel.com)

[www.solegift.com](http://www.solegift.com)

[www.yahoo.com](http://www.yahoo.com)

Local Retailer Listings

Misc.

Misc.

Misc.

Misc.

Misc.

Misc.

China, dishes, etc.

China, dishes, etc

Clothes, coats, camping, etc.

Clothing, bedding

Coats

Electronics

Electronics

Electronics

Electronics, music, etc.

Mattresses

Office Supplies

Office Supplies

Swarovski

Hummel

Collectibles

Links to other web sites

## DIRECT DEPOSIT SIGN-UP FORM

### DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

### SECTION 1 (TO BE COMPLETED BY PAYEE)

<b>A NAME OF PAYEE (last, first, middle initial)</b>		<b>D TYPE OF DEPOSITOR ACCOUNT</b> <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
<b>ADDRESS (street, route, P.O. Box, APO/FPO)</b>		<b>E DEPOSITOR ACCOUNT NUMBER</b>	
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	
<b>TELEPHONE NUMBER</b>		<b>F TYPE OF PAYMENT (Check only one)</b>	
<b>AREA CODE</b>		<input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay	
<b>B NAME OF PERSON(S) ENTITLED TO PAYMENT</b>		<input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____	
		<input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____	
		<input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____	
		<input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ (specify)	
<b>C CLAIM OR PAYROLL ID NUMBER</b>		<b>G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)</b>	
Prefix _____ Suffix _____		<b>TYPE</b> <b>AMOUNT</b>	
<b>PAYEE/JOINT PAYEE CERTIFICATION</b>		<b>JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)</b>	
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
<b>SIGNATURE</b>	<b>DATE</b>	<b>SIGNATURE</b>	<b>DATE</b>
<b>SIGNATURE</b>	<b>DATE</b>	<b>SIGNATURE</b>	<b>DATE</b>

### SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

<b>GOVERNMENT AGENCY NAME</b>	<b>GOVERNMENT AGENCY ADDRESS</b>

### SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

<b>NAME AND ADDRESS OF FINANCIAL INSTITUTION</b>		<b>ROUTING NUMBER</b>		<b>CHECK DIGIT</b>
		<b>DEPOSITOR ACCOUNT TITLE</b>		
<b>FINANCIAL INSTITUTION CERTIFICATION</b>				
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.				
<b>PRINT OR TYPE REPRESENTATIVE'S NAME</b>	<b>SIGNATURE OF REPRESENTATIVE</b>	<b>TELEPHONE NUMBER</b>	<b>DATE</b>	

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

<b>CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE</b>							
<b>PART I - TO BE COMPLETED BY CLAIMANT</b> (See back for Privacy Act Statement and Instructions.)							
<b>1. NAME OF CLAIMANT</b> (Last, First, Middle Initial)	<b>2. BRANCH OF SERVICE</b>	<b>3. RANK OR GRADE</b>	<b>4. SOCIAL SECURITY NUMBER</b>				
<b>5. HOME ADDRESS</b> (Street, City, State and Zip Code)		<b>6. CURRENT MILITARY DUTY ADDRESS</b> (If applicable) (Street, City, State and Zip Code)					
<b>7. HOME TELEPHONE NO.</b> (Include area code)	<b>8. DUTY TELEPHONE NO.</b> (Include area code)	<b>9. AMOUNT CLAIMED</b>					
<b>10. CIRCUMSTANCES OF LOSS OR DAMAGE</b> (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)							
<b>11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY?</b> (E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: center;">YES</th> <th style="width: 50%; text-align: center;">NO</th> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	YES	NO		
YES	NO						
<b>12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER?</b> (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> </table>				
<b>13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY?</b> (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> </table>				
<b>14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER?</b> (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> </table>				
<b>15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS?</b> (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> </table>				
<b>16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:</b> If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind. I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage. I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.							
<b>17. SIGNATURE OF CLAIMANT</b> (or designated agent)			<b>18. DATE SIGNED</b> (YYYYMMDD)				
<b>PART II - CLAIMS APPROVAL</b> (To be completed by Claims Office)							
<b>19. PROCEDURE</b> (X one)  <input type="checkbox"/> a. SMALL CLAIMS <input type="checkbox"/> b. REGULAR CLAIMS	<b>20. AMOUNT AWARDED.</b> The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:		\$				
<b>21. SIGNATURES</b> (Signatures at a and c not required if small claims procedure is utilized)							
<b>a. CLAIMS EXAMINER</b>	<b>b. DATE SIGNED</b> (YYYYMMDD)	<b>c. REVIEWING AUTHORITY</b>	<b>d. DATE SIGNED</b> (YYYYMMDD)				
<b>e. TYPED NAME AND GRADE OF APPROVING AUTHORITY</b>		<b>f. SIGNATURE OF APPROVING AUTHORITY</b>	<b>g. DATE SIGNED</b> (YYYYMMDD)				



### PRIVACY ACT STATEMENT

**AUTHORITY:** 31 U.S.C. 3721, and EO 9397, November 1943 (SSN).

**PRINCIPAL PURPOSE(S):** Filing, investigation, processing and settlement of claims for losses incident to service.

**ROUTINE USES:**

a. Information is principally used to provide a legal basis for the administrative payment of claims against the Government. Information is also used in connection with:

- (1) Recovery from common carriers, warehouse firms, insurers and other third parties.
- (2) Collection from claimants of improper payments or overpayments.
- (3) Investigation of possible fraudulent claims.
- (4) Possible criminal prosecution by the Department of Justice or other agencies if fraud is established.

b. Social Security Numbers are used to assure correct identification of claimants in order to assure payment to the proper claimant and avoid duplication of claims.

**DISCLOSURE:** Voluntary; however, failure to supply information will cause delay in settlement and may result in denial of a portion or all of the claim.

### INSTRUCTIONS TO CLAIMANTS

1. You must submit your claim in writing within two years of the date of the incident giving rise to the claim. This two year time limitation may not be waived.

2. The claimant or an authorized agent must complete and sign Part I of this form, answering all questions. If the claim is signed by an agent (such as a spouse) or a survivor of a deceased proper claimant, that person must have a document showing his or her authority to present the claim, such as a power of attorney, etc.

3. If the claim is for property lost or damaged while being shipped or stored pursuant to travel orders, submit copies of your orders and all shipping documents, including your inventory and your "Joint Statement of Loss or Damage at Delivery/Notice of Loss or Damage," DD Forms 1840/1840R. If you notice damage after delivery, you must complete the DD Form 1840R and get it to the Claims Office within 70 days after delivery.

4. You may obtain further information from a Claims Office.

5. You are entitled to claim the following:

a. Reasonable local repair cost, if an item can be economically repaired. *(You may claim small amounts without an estimate. Otherwise, submit an estimate of repair from a repair firm or, if repairs have been completed, your receipt. The claims office may waive this in appropriate cases.)*

b. Reasonable local replacement cost if an item is missing, destroyed, or not economic to repair. *(Replacement costs may be obtained from commercial catalogs or a military exchange. If you cannot find the item in a catalog or the exchange and the cost is more than \$100.00, obtain a statement from a commercial firm for the cost of a similar item. If you have purchase receipts, bring these to the Claims Office as well.)*

c. Reasonable cost of obtaining local estimates of repair, if the cost of such estimates will not be credited if repair work is done. *(Normally, you may not claim appraisal fees.)*

### PART III - DENIAL OR SUPPLEMENTAL PAYMENT (To be completed by Claims Office)

**23. DENIAL (X if applicable)**

The claim is not cognizable or meritorious under 31 U.S.C. 3721 and the applicable provisions of the controlling departmental regulation, and is denied.

**24. SUPPLEMENTAL PAYMENT (X and complete if applicable)**

The claim is cognizable and meritorious under 31 U.S.C. 3721, and the following additional award is substantiated:

\$

**25. SIGNATURES**

a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
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**26. APPROVING/SETTLEMENT AUTHORITY (Settlement Authority is required for denial.)**

a. TYPED NAME	b. GRADE	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)
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# U.S. GOVERNMENT BILL OF LADING — PRIVATELY OWNED PERSONAL PROPERTY

B/L NO. JP-717307

1. TRANSPORTATION COMPANY (S agent) TRANSFERRED TO  
ACCELERATED INTERNATIONAL FORWARDERS  
(COLEMAN AMERICAN MOVING SERVICES, INC)

2. BOAC  
AIPD  
3. SERVICE CODE  
J  
4. SHIPMENT NO.  
1 OF 3  
5. DATE B/L PRINTED  
11-APR-03

6. REQUESTED PACKING DATE  
12-MAY-03  
7. REQUESTED PICKUP DATE  
12-MAY-03  
8. REQUESTED DELIVERY DATE  
20-JUN-03  
9. PRIVACY ACT DATA  
(5 USC 552a) This form serves as a procurement, accountability and payment form in the shipment of privately owned personal property for the assistance of the U.S. Information thereon may be used to prepare related documents or collect excess costs. Disclosure of information is voluntary but its absence may preclude shipment of property.

10. PROPERTY OWNER'S NAME, SOCIAL SECURITY NO., RANK AND PAY GRADE

13. EXTRA PICKUP/DELIVERY (Complete address)

11. AUTHORITY FOR SHIPMENT (Order No., Rec. No., HQ)

12. DATE OF ORDER  
04-APR-03

SERVICE NOT APPLICABLE

14. DEPARTMENT/AGENCY  
US - AF

15. TRANSPORTATION CONTROL NO.  
F3132301406416JXX

16. Received by the transportation company named above, the property hereinafter described, in apparent good order and condition (contents and value unknown), to be forwarded to destination by the said company and connecting lines, there to be delivered in the good order and condition to said consignee. This bill of lading is governed by the regulations relating thereto as published in Title 41, Part 101-41 of the Code of Federal Regulations. Terms and Conditions are also contained in the Tender of Service.

17. FULL NAME OF SHIPPER

1 LRS/LQRT LANGLEY AFB

18. CONSIGNEE (Name and destination delivery address) (See block 18)

19. FROM (Complete address of point of pickup) (See block 18)

1757 11TH ST BETHEL MAJOR  
YORKTOWN (YORK)  
VA 23665  
1525 RA-EMBA WASHINGTON

20. RESPONSIBLE DESTINATION INSTALLATION/OFFICE  
CPSD-KAISERSLAUTERN, GERMANY  
GERMANY  
APO AE 09094-0000  
063 489 6576

21. BILL CHARGES TO (Dep't/Agency, BuX, etc., and complete mailing address)

DEF FIN & ACCT SVC, INDIANAPOLIS CTR  
TRANSPORTATION OPERATIONS  
ATTN: OFAS-I-THA  
INDIANAPOLIS, IN 46269-0611

22. VIA (Names of interlining carriers)

23. FOR CARRIER USE ONLY-  
WAYBILL/FREIGHT BILL NO.

24. APPROPRIATION CHARGEABLE  
5733500 323 5771.0N 525725 F37D

25. REMARKS (Special services, use reverse)

FOR EXPORT-SIT NOT AUTHORIZED-BEFORE EFFECTING DELIVERY TO RESIDENCE OR PLACING IN STORAGE, THE CARRIER SHALL NOTIFY THE PPSO SPECIFIED IN BLOCK 20- RPDD : 21-MAY-03 - APOE : DOVER AFB, DE, US, 19902-5505

27. DESCRIPTION OF SHIPMENT (Specify)		28. WEIGHT	FOR USE OF DESTINATION CARRIER ONLY			
KIND	LOT	DOD SPONSORED UNACCOMPANIED-BAGGAGE	GROSS	SERVICE	29. RATE	30. CHARGES
			TARE	LINE-HAUL TRANSPORTATION		
				PACKING/UNPACKING		
				OTHER/ACCESSORIAL SERVICES		
				TOTAL		
<p>* Issued at lowest valuation cited in appropriate tender or tariff unless otherwise stated hereon.</p> <p>B/L NO. JP-717307</p> <p>CERTIFICATE FOR RECEIPT OF SHIPMENT AND ORIGINAL BILL OF LADING</p>			<p>31. NAME OF TRANSPORTATION COMPANY ACCELERATED INTERNATIONAL FORWARDERS (COLEMAN AMERICAN MOVING SERVICES, INC)</p> <p>32. SIGNATURE OF AGENT/OWNER</p>			<p>33. DATE OF RECEIPT OF SHIPMENT</p> <p>34. PER</p>
<p>CERTIFICATE OF CARRIER BILLING FOR CHARGES—CONSIGNEE MUST NOT PAY ANY CHARGES ON THIS SHIPMENT</p>			<p>35a. UNAUTHORIZED ITEMS</p> <p>35b. EXCESS DISTANCE</p> <p>35c. EXCESS VALUATION</p> <p>35d. EXCESS WEIGHT</p> <p>Other (Specify under remarks)</p>			
35a. ON (Date)	35b. AT (Actual delivery point)	35c. THE (Name of delivering carrier)				
35d. DELIVERED THIS CONSIGNMENT TO	<input type="checkbox"/> STORAGE IN TRANSIT <input type="checkbox"/> RESIDENCE	35e. COMPLETE AND IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER	<input type="checkbox"/> SHORTAGE <input type="checkbox"/> DAMAGE <input type="checkbox"/> CARRIER ORIGIN REPORT ATTACHED			
35f. NAME OF DESTINATION CARRIER (Carrier authorized to bill charges)			35g. SIGNATURE OF CARRIER'S AUTHORIZED AGENT			



**STATEMENT OF ACCESSORIAL SERVICES PERFORMED (\$/IT DELIVERY & REWEIGH)**

[illegible]

# JOINT STATEMENT OF LOSS OR DAMAGE AT DELIVERY

## Privacy Act Statement

**AUTHORITY:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 31 U.S.C. 3721 et seq., 31 U.S.C. 3711 et seq., and EO 9397, November 1943 (SSN).

**PRINCIPLE PURPOSE(S):** The information requested is to be used in evaluating claims.

**ROUTINE USE(S):** The information requested is used in the settlement of claims for loss, damage or destruction of personal property and recovery from liable third parties.

**DISCLOSURE:** Voluntary; however, failure to supply the requested information or to execute the form may delay or otherwise hinder the payment of your claim.

**GENERAL INSTRUCTIONS:** The carrier's/contractor's representative will complete and sign DD Form 1840 and obtain the signature of the member or member's agent. The member or member's agent will not, under any circumstances, sign a blank or partially completed DD Form 1840. Three completed copies of DD Form 1840 and blank DD Forms 1840R will be provided the member or member's agent by the carrier's/contractor's representative for each shipment. If no loss or damage is involved, write "NONE" in description column.

### SECTION A - GENERAL (To be completed by carrier/contractor)

1. NAME OF OWNER (Last, First, Middle Initial) DOE, JOHN H		2. SOCIAL SECURITY NO. 000-00-0000	3. RANK OR GRADE MSGT	4. NET WT OF SHIPMENT 8200
5. ORIGIN OF SHIPMENT (City and State/Country) San Antonio TX		6. DESTINATION OF SHIPMENT (City and State/Country) Ramstein AB Germany		
7. PPGB/ORDER NUMBER YP 463715	8. PICKUP DATE 10 Jul 98	9. NAME AND ADDRESS OF CARRIER/CONTRACTOR SHORELINE INT'L INC PO BOX 75237 SEATTLE, WA 98125		
10. CODE OF SERVICE 04	11. SCAC SLIO	12. CARRIER/CONTR. REF. NO.		

### SECTION B - RECORD OF LOSS OR DAMAGE (To be completed jointly by member and carrier's/contractor's representative)

13. Notice is hereby given to the carrier/contractor to whom this statement is surrendered that the shipment was received in condition as shown below and the claim, if any, will be made for such loss or damage as indicated subject to further inspection and notification to the claims office within 70 days by DD Form 1840R found on the reverse side hereof. THE VALUE INDICATED IN BLOCK 14c IS TO BE USED FOR QUALITY CONTROL ONLY.

a. Inv. No.	b. Name of Item	c. Description of loss or damage (If missing, so indicate)
103	Wall Unit	Top Right corner had a 2" scratch, left front bottom corner 4" gouge, veneer peeling off front top area
351	19" Color TV	Outside case 8" crack on top casing, TV screen broken
19		4 ceramic plates broken
112	VCR Sony	Sony 4 head VCR missing
(Only Write on this side while the carrier is at your house Once they leave flip over your carbons and write all additional damage/missing items)		

14. ACKNOWLEDGMENT BY MEMBER OR AGENT (X and complete as applicable and sign below)		15. ACKNOWLEDGMENT BY CARRIER/CONTRACTOR'S REPRESENTATIVE (X and complete as applicable and sign below)	
a. I received my property in apparently good condition except as indicated above. A continuation sheet <input checked="" type="checkbox"/> was <input type="checkbox"/> was not used.		a. Property was delivered in apparently good condition except as otherwise noted above.	
b. Unpacking and removal of packing material, boxes, cartons, and other debris <input type="checkbox"/> is <input checked="" type="checkbox"/> is not waived.		b. I will initiate tracer action for missing items.	
c. I estimate the amount of my loss and/or damage at \$ 500.00		c. Name of delivering carrier/agent/contractor	
d. I have received three copies of this form. I understand that I have 70 days to list any further loss and/or damages on the back of this form and give this to the nearest claims office, and that failure to do so may result in my being paid a smaller amount on a claim.			
e. Telephone Number	f. Date Signed 25 Nov 98	d. Storage in transit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
g. Signature Sign your name here		e. Signature Carrier should sign here	f. Date Signed 25 Nov 98



# NOTICE OF LOSS OR DAMAGE

**SECTION A - (To be completed by member)**

2. LIST OF PROPERTY LOSS / DAMAGE (NOTE: Tracer action is requested for items listed as missing)

**SECTION B - (To be completed by claims office)**

3. 10 (Home Office of Carrier/Contractor)

**4. YOUR REPRESENTATIVE MAY CONTACT THIS CLAIMS OFFICE FOR ASSISTANCE**

PAGE OF PAGES

# CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

## PART I - TO BE COMPLETED BY CLAIMANT (See back for Privacy Act Statement and instructions.)

1. NAME OF CLAIMANT (Last, First, Middle Initial) DOE, JOHN, L.	2. BRANCH OF SERVICE USAF	3. RANK OR GRADE TSGT	4. SOCIAL SECURITY NUMBER 123-45-6789
5. HOME ADDRESS (Street, City, State and Zip Code) PSC 1 BOX 0000 APO AE 09009		6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code) 435 ABW RAMSTEIN AB, GE	
7. HOME TELEPHONE NO. (Include area code) 06371-47-0000	8. DUTY TELEPHONE NO. (Include area code) 480-0000	9. AMOUNT CLAIMED	

10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)

CLAIM FOR DAMAGES TO MY PRIVATE PROPERTY INCURRED DURING SHIPMENT OF MY (INITIAL ONE);

\_\_\_\_\_ HOUSEHOLD GOODS \_\_\_\_\_ HOLD BAGGAGE

THAT WAS SHIPPED (OR DELIVERED FOR SHIPMENT/STORAGE) FROM \_\_\_\_\_

\_\_\_\_\_ ON (DATE): \_\_\_\_\_, AND WAS DELIVERED TO

\_\_\_\_\_ ON (DATE): \_\_\_\_\_

11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)	YES	NO
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)		
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)		
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)		
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)		

16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:  
If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind.  
I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage.  
I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.

17. SIGNATURE OF CLAIMANT (or designated agent)	18. DATE SIGNED (YYYYMMDD)
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## PART II - CLAIMS APPROVAL (To be completed by Claims Office)

19. PROCEDURE (X one) <input type="checkbox"/> a. SMALL CLAIMS <input type="checkbox"/> b. REGULAR CLAIMS	20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated: \$
21. SIGNATURES (Signatures of a and c not required if small claims procedure is utilized)	
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)
c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY	f. SIGNATURE OF APPROVING AUTHORITY
	g. DATE SIGNED (YYYYMMDD)



1. NAME OF CLAIMANT (Last, First, Middle Initial) DOE, JOHN				3. PICK-UP DATE (YYYYMMDD)		LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)																	
2. CLAIMANT'S INSURANCE COMPANY (if applicable)				4. DELIVERY DATE (YYYYMMDD)		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR											
a. NAME IF APPLICABLE				b. POLICY NO.																			
5. 7. LOST OR DAMAGED ITEMS				8. 8. ORIGINAL COST		11. AMOUNT CLAIMED a. Repair Cost b. Replacement Cost		18. INVENTORY DATE (YYYYMMDD)		19. EXCEPTION SHEET DATE (YYYYMMDD)		23. GEL NUMBER		24. LOT NUMBER									
LINE NO. (Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")				INV NO.		10. 10. PURCHASED		16. EXCEPTIONS		19. INV NO.		20. EXCEPTIONS		25. AMOUNT ALLOWED		26. ABANDONMENT REMARKS		27. ITEM WT		28. HOUSE LIABILITY		29. CARRIER LIABILITY	
1 1 SAUDER WALL UNIT - 6'x3' Oak Veneer Top right corner 2" scratch, left front bottom corner 4" gouge, veneer peeling front top				1		500.00 Dec 00 105.00																	
2 1 19" PANASONIC COLOR TV - Model 56235 Outside case had 8" crack on top, TV screen broken				35		250.00 Jun 95 175.00																	
3 60 COMPACT DISCS - Single discs MISSING (see attached list) Collected between Apr 85-Jun 99				15		12.95 ea 770.00																	
4 1 SONY VCR - Model 12665 MISSING				40		200.00 Jun 85 150.00																	
5 ESTIMATE FEE for TV by Electronic Repair Company						40.00																	
6 1 TRANSPORTATION FEE for Wood Furniture Repair Company						70.00																	
7 FILM/DEVELOPING COSTS Used to document shipping damage						30.00																	
8 VAT FORM						4.00																	
12. REMARKS				13. TOTAL		\$																	

## ***ELECTRONIC REPAIR FORM***

The claims office must determine whether internal damage to an electrical or electronic item was caused by the item being dropped or mishandled in shipment, or whether the damage was due to age, fair wear and tear, a manufacturer's defect or any other factor. Please complete this form to the best of your ability.

1. Repair Firm Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Repair Firm Telephone Number: \_\_\_\_\_

3. Owner's Name: \_\_\_\_\_

4. Item Examined: \_\_\_\_\_

(Make)

(Model)

(Year Manufactured)

5. There (was) (was not) external damage to this item.

Description and location of new external damage is: \_\_\_\_\_  
\_\_\_\_\_

Description and location of old external damage is: \_\_\_\_\_  
\_\_\_\_\_

6. I (was) (was not) able to determine the cause of any new external damage. To the best of my knowledge and belief, the damage was caused by: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. There (was) (was not) internal damage to this item.

Detailed description of internal damage is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. I (was) (was not) able to determine the cause of the internal damage. To the best of my knowledge and belief, the damage was caused by: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Was the internal damage caused by shipment: (Circle one)

a. Definitely b. Probably c. Possibly d. No e. Can't tell

10. The specific reasons for my conclusions regarding the internal damage are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

My experience as a repair technician is (state years experience and area of experience):

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12. I estimate the cost of repairing the internal damage is:

(parts) \_\_\_\_\_ \$ \_\_\_\_\_

(parts) \_\_\_\_\_

(parts) \_\_\_\_\_

Cleaning, adjustments, or other services: \_\_\_\_\_

Tax: \_\_\_\_\_

Labor: \_\_\_\_\_

Total: \$ \_\_\_\_\_

13. Please list any charges which are not actually necessary to repair this item so that it properly functions (for example, list charges for cleaning, adjustment or other services which would not be required except as periodic maintenance).

Servicing charges not necessary: \$ \_\_\_\_\_

14. If there is new external damage to this item that your firm can repair, what are those charges:

Exact nature of repairs: \_\_\_\_\_

---

---

Total cost of external repairs: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

Labor: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

15. If your repair firm is assigned the repair of this appliance, will you deduct your estimate fee from the total bill?

a. Yes    b. No    c. Estimate fee not charged

16. Please Print Name: \_\_\_\_\_

17. Signature: \_\_\_\_\_

18. Date: \_\_\_\_\_

Thank you for taking the time to complete this form.

NAME: \_\_\_\_\_

ITEM: \_\_\_\_\_

YEAR MAKE AND MODEL:

DATE OF SHIPMENT: \_\_\_\_\_

PRINTED NAME, DATE





## DEPARTMENT OF THE AIR FORCE

435TH AIR BASE WING (USAFE)

MEMORANDUM FOR 435 ABW/JA  
UNIT 3200, BOX 325  
APO AE 09094-0325

FROM:

I, \_\_\_\_\_, having submitted a claim to the United States Air Force under the Military Personnel and Civilian Employees' Claims Act (PCA) (31 U.S.C. 3701, 3721) for loss or damage to personal property, understand that my claim is subject to any and all recovery or compensation received from any other source. This means that I may not receive full compensation from both the Air Force (under the PCA) and another person or organization for the same loss or damage. I am aware of the following:

If I have received, sought or otherwise made a claim for compensation from another source for any item or items contained in my PCA claim, I must disclose that fact, in writing, to the claims office upon the filing of my claim. Another source of recovery includes, but is not limited to: the contractor who moved my goods, a negligent third party (tortfeasor), an insurance company, or any other individual or entity that has or will compensate me for my loss.

- If, after filing my claim, I receive compensation from another source for items that I have already received compensation for under the PCA, I must notify the Air Force. I shall immediately give such notice, in writing, to the claims office with which I initially filed my claim. I understand that any sum collected from the source may be deducted from any award I received from the Air Force.

If I fail to notify the claims office of any payment or compensation consistent with the above, I am subject to criminal investigation and prosecution. Further, I understand that any such sum unlawfully retained will be involuntarily collected by the Air Force.

I, the undersigned, have read the above and am aware of both my obligations and the consequences of failing to meet them.

\_\_\_\_\_  
Claimant

## **LIST OF REPAIR SHOPS**

The repair shops listed below will provide an estimate of repair for specific types of items as indicated. This list is provided to you as an additional service of this office. It is not a recommendation or endorsement of any particular company. A fee is charged for the estimate which may be reimbursed if your claim is approved. **Estimates of repair are required when the repair cost of the item is \$100 or more. Please call the claims office if in doubt about getting a repair estimate.**

### **WOOD DAMAGE**

**Schreinerei**  
**Franc Ivancic**  
Neckarstrasse 30  
71686 Remseck-Aldingen  
Tel: 07146-91405  
Fax: 07146-20260

**Rudi Ruehle**  
Wilhelmstrasse 2  
71116 Gaertringen  
Tel: 07034-22294  
Fax: 07034-26365

**Estimate &  
Repair Service**  
**Wilhelm Kachler**  
Kleinfeldweg 42  
69190 Walldorf  
Tel: 06227-382681  
Fax: 06227-382682

**GARMISCH**  
**M.L. Martignoni**  
Alpspitzstrasse 47  
82491 Grainau  
Tel: 08821-82538  
Fax: 08821-985474

### **UPHOLSTERER**

**Manfred Wahlenmeier**  
Finkenweg 2  
71686 Remseck  
Tel: 07146-91405

**Ebner Polstereien**  
Herrenberger Strasse 9  
70563 Stuttgart-Vaihingen  
Tel: 0711-731-081  
Fax: 0711-735-4645

### **BRASS AND COPPER**

**Johann Boehm**  
Buchdrucker Gmbh  
Ludwigsburgerstrasse 59  
71642 Ludwigsburg  
Tel: 07141-53167

### **COMPUTERS**

**Mega-Byte**  
Hauptstaetter Strasse 132  
70178 Stuttgart  
Tel: 0711-649-2878

**Edicta**  
Karl-Pfaff Strasse 30  
70597 Stuttgart-Degerloch  
Tel: 0711-763381

### **TV, STEREO, ELECTRONICS**

**AAFES Power Zone on**  
Patch Barracks or  
a local Electronics Store

**Maerz & Rabe**  
**Uhrmacher-Meisterwerkstatt**  
Ludwigstrasse 84  
70197 Stuttgart  
Tel: 0711-613088

**Juergen Roth**  
**Repair of old clocks, parts**  
Pfarrstrasse 1  
70794 Filderstadt-Plattenhardt  
Tel: 0711-775707

### **ANTIQUE APPRAISALS**

**Futterknecht**  
Höfingerstrasse 8  
70499 Stuttgart-Weilimdorf  
Tel: 0711-8661465  
(only in German)

### **GLASS**

**Albrecht Glasreparaturen**  
Unter dem Birkenkopf 14  
70197 Stuttgart (Westbahnhof)  
Tel: 0711-649660  
Fax: 0711-649667

**Frame Shop**  
on post



**Office of the Staff Judge Advocate  
Stuttgart Law Center  
Claims Office**

***ANLEITUNG ZUR ERSTELLUNG EINES KOSTENVORANSCHLAGS  
INSTRUCTIONS FOR PREPARING A REPAIR ESTIMATE***

Dear military member,

Please give this document to the person you chose for doing your repair estimate. It contains important information on how to prepare a repair estimate so that it meets the requirements contained in Army Regulation 27-20 and DA Pam 27-162.

Sehr geehrte(r) Kostenvoranschlagsteller(in),

um eine korrekte und faire Bearbeitung der bei uns eingereichten Schadensfälle gewährleisten zu können, bitten wir Sie um Einhaltung der im Folgenden aufgelisteten Richtlinien bei der Erstellung eines Kostenvoranschlags für die Mitglieder der US Streitkräfte.

Sollten klar erkennbare **Altschäden** vorhanden sein (Englisch: pre-existing damage), so führen Sie diese bitte separat bei ihrer Auflistung an. Befindet sich der Altschaden an der gleichen Stelle oder Seite wie der Neuschaden und muß bei der Behebung des Schadens mitrepariert werden, geben Sie bitte an, wieviel Prozent der Reparatur der Altschaden ausmacht.

Bitte geben Sie immer genau **Art, Stelle und Ausmaß** des Schadens an (z. B. Kratzer in Mitte der Esstischplatte, 5cm lang, ½ cm tief). Allgemeine Beschreibungen wie „Macken und Kratzer ausbessern“ sollten vermieden werden.

Details, Details, Details! Gehen Sie bei der Beschreibung des Reparaturvorgangs bitte schrittweise vor. Wir wollen genau wissen, welche **Schritte** notwendig sind, um den Schaden zu beheben und wieviel hierbei die Materialkosten und der Arbeitsaufwand ausmachen.

Falls eine **Erneuerung** einzelner Teile zur Reparatur erforderlich ist, führen Sie dies bitte auch separat an. Werden alte, noch vorhandene Teile geflickt oder angeleimt, so sollte auch dies aus Ihrem Kostenvoranschlag klar hervorgehen.

Stellt sich ein Gegenstand als **nicht** mehr **reparierbar** heraus, fragen Sie bitte nicht den Kunden wieviel er dafür gezahlt hat oder wieviel er denkt, daß der Gegenstand zum jetzigen Zeitpunkt wert sein könnte. Dies führt zu ungenauen Angaben und entspricht nicht unseren Erwartungen. Einschätzungen und Kostenvoranschläge sollten auf Fachwissen basieren oder ganz einfach nicht vorgenommen werden. Das Gleiche gilt für antike Möbel. Eine Klassifizierung von Möbeln als „**antik**“ sollte nur dann vorgenommen werden, wenn ein professionell erstelltes Gutachten (= von einem Sachverständigen für Antiquitäten erstelltes Dokument mit Stempel) oder anderes Beweismaterial vorhanden sind, die dies unterlegen, nicht jedoch weil der Kunde selber den Gegenstand als „antik“ bezeichnet oder weil das Möbelstück ganz offensichtlich ein hohes Alter hat.

Geben Sie auf dem Kostenvoranschlag bitte auch an, ob die Kosten hierfür bei der eigentlichen Auftragsstellung in Abzug gebracht werden. Über den Erhalt der **Kostenvoranschlagskosten** sollte eine separate Quittung erstellt werden, die ebenso wie der Kostenvoranschlag selber, mit Datum, Unterschrift und ggf. Stempel versehen sein sollte.

Der Kostenvoranschlag sollte außerdem Auskunft darüber geben, ob es sich bei dem vorhandenen Schaden um einen **Transportschaden** handelt.

Abschließend noch ein paar allgemeine Dinge: Der Kostenvoranschlag sollte bitte mit **Computer** geschrieben sein und, falls möglich, in **englischer Sprache** verfasst werden.

***Wir danken Ihnen für Ihr Verständnis und hoffen weiterhin auf gute Zusammenarbeit.***